

**Legislative and Planning (L&P) Committee Meeting  
Norfolk Waterside Marriott  
Wednesday, November 8, 2017  
10:00 A.M.**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
Chris Parker, Chair	Anita Perry (excused)	Scott Winston	Ed Moreland
Ed Rhodes	Rob Logan (excused)		Craig Evans
Byron Andrews	Steve Higgins		Dreama Chandler
Gary Samuels	Gary Dalton (excused)		
Michael Player	Rob Lawrence (excused)		

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>WELCOME AND INTRODUCTIONS</b>	Chair Chris Parker called the meeting to order at 10:05 AM. The minutes from Friday, May 5, 2017 meeting were reviewed and unanimously approved.	<b>Motion made by Ed Rhodes and seconded by Gary Samuels to approve the May 5, 2017 meeting minutes. The Committee voted unanimously to approve the minutes.</b>
<b>OEMS UPDATE</b>	<p>Mr. Scott Winston informed the committee members the OEMS quarterly report to the state EMS Advisory Board will be posted on the OEMS website. The report may be viewed at <a href="http://www.vdh.virginia.gov/content/uploads/sites/23/2017/11/Quarterly-Report-to-the-State-EMS-Advisory-Board-for-November-8-2017_.pdf">http://www.vdh.virginia.gov/content/uploads/sites/23/2017/11/Quarterly-Report-to-the-State-EMS-Advisory-Board-for-November-8-2017_.pdf</a></p> <p>Mr. Scott Winston provided the committee members with a Office of EMS personnel update. OEMS is currently recruiting for a Human Resources Analyst position. OEMS is also working to finalize negotiations for a new BLS Training Specialist position. The recruit process in underway for a newly created position at the office for a manager of Community Health and Technical Resources Division and the Regulation and Compliance Manager position. The</p>	

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	<p>Community Health and Technical Resources Division will be responsible for fostering connections and collaboration between EMS agencies, local health districts, organizations, health professional, jurisdictions, etc. to advance population-based initiatives that will improve health outcomes in Virginia’s localities. The position will also help EMS agencies develop new service lines focusing on post-hospital follow-up, chronic disease management, use of alternative transportation, referral to community health or social resources and preventative healthcare services to improve outcomes in patient well-being.</p>	
<b>STATE EMS PLAN</b>	<p>The state EMS Advisory Board approved the recommended updated state EMS Plan at the November 9, 2016 Board meeting.</p> <p>The plan was unanimously approved by the Board of Health at their March 16, 2017 meeting. Biannual updates reporting progress in meeting the objectives of the state plan will be provided to the state EMS Advisory Board and annual updates to the Board of Health.</p>	 2016StatePlanFinalIDraft.docx
<b>REGULATORY UPDATE</b>	<p><b><u>Chapter 31: Virginia Emergency Medical Services Regulations</u></b></p> <p>OEMS is required to conduct a periodic review of the EMS Regulations (12VAC5-31) every four (4) years. The Rules and Regulations committee has initiated a periodic review of the Virginia EMS Regulations (12VAC5-31).</p> <p>A Notice of Intended Regulatory Action (NOIRA) was approved by the Commissioner on behalf of the Board of Health. The public comment period for the NOIRA was held May 15 – June 14, 2017. OEMS did not receive any public comments related to the NOIRA.</p> <p>OEMS staff continue to work with key EMS stakeholder groups to review suggested revisions to sections of the current EMS Regulations (12VAC5-31). Once completed, these recommended changes will be sent to the Rules and Regulations Committee of the state EMS Advisory Board for review and then submitted as a regulatory review packet. A work session of the Rules and Regulations Committee was held on October 25 in Waynesboro, VA to finalize a draft of the “Proposed” EMS Regulations (Chapter 32).</p> <p>Follow-up Actions from Oct. 25 meeting:</p>	

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	<p><b>New “Chapter” nullifies any previously issued variance or exemptions. Communication needs to be sent to EMS agencies previously issued exemptions for staffing. During biannual licensure inspections request EMS Program Reps to determine if previously issued variances/exemptions are needed.</b></p> <p><b>Form a workgroup of Rules and Regulations to address definitions. (Ed Rhodes, Kim Craig, Greg Woods and Scott) will work on looking at REPLICA model language and EMS Regulations. Include Legislative Services to assist in the process.</b></p> <p><b>Discussed the need to enforce EMS licensure for specialty groups i.e., Ski Patrols, Search and Rescue, Tactical Medics, etc.</b></p> <p><b>Discussed Temporary EMS vehicle permits – currently 60 days per COV, staff recommends change to 90 days, requires Code language change. Discussion on temporary permits only for new vehicles being added, and attestation for existing fleet changes.</b></p> <p><b>Required Vehicle Equipment – small changes to quantities (OB kits, pocket masks, etc.) Question need to require two (2) LBB and/or short board on ambulances. Update Advanced life support equipment package to correct terminology (Advanced EMT).</b></p> <p><b>Change from 5 years to 6 years for record retention (reference HIPAA statutes). Staff will work with REPLICA, NASEMSO and NR regarding consistent terminology and conviction policy criteria. Staff to also research the ability for an individual to be able to complete a NR “assessment exam” and then seek VA certification.</b></p> <p><b>Current language for REPLICA will require fingerprint background check before initial certification attempt (i.e. when enrolled into initial certification program). Will require enabling legislation. May not be ready before this document has been promulgated. Committee supports requiring EMS agencies to establish policies related to Fatigue Risk Management(12VAC5-32-915) and the use of Red Lights and Sirens (12VAC5-32-1015).</b></p> <p><b>OEMS staff has submitted to the Office of the Commissioner the “Final Exempt”</b></p>	

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	<p>regulatory package for 12VAC5-66 Durable Do Not Resuscitate (DDNR) Regulations reflecting the changes from HB 2153 (2017) regarding recognition by EMS personnel of valid out-of-state DDNR orders. <a href="http://leg1.state.va.us/cgi-bin/legp504.exe?171+ful+CHAP0179">http://leg1.state.va.us/cgi-bin/legp504.exe?171+ful+CHAP0179</a></p>	
<p><b>2017/2018 VIRGINIA GENERAL ASSEMBLY</b></p>	<p><b>HB1728.</b> The L&amp;P Committee discussed a bill requesting a study to be conducted on medevac services in Virginia (HB1728). A report due to the legislature on Dec. 1, 2017 has been submitted to the Commissioner of Health for review. The report makes recommendations related the development of training criteria for EMS field personnel and telecommunications personnel regarding the use of Medevac services, review the feasibility of an additional statewide mutual aid radio frequency for ground to air communications, assign the state Medevac Committee to look at how public education on air medical transport (to include costs) should be deployed, add a representative from the state Communications Committee to the state Medevac Committee, develop and maintain a geographic information system online resource map, develop a statewide legislative Air Medical Caucus in the Virginia General Assembly, and continue to use the state Medevac Committee to review current policies/procedures and address any issues related to quality improvement and safety standards and to determine how public education on air medical transports (including costs) shall be deployed by the Office of EMS.</p> <p><b>SB1244.</b> Related to the possession and administration of glucagon by EMS providers. This bill was introduced to address a local concern originating from Goochland and Hanover counties. The bill was left in committee with a letter to the Commissioner of Health to further review the matter. A report was presented to the Commissioner and subsequently presented to the General Assembly on Nov. 1, 2017. The reported concluded the ability of BLS and ALS EMS providers to possess and administer glucagon for the emergency treatment of patients with low blood sugar currently exists; and, therefore, it is not necessary to adopt the proposed statutory changes recommended in SB1244 to allow this practice to occur or continue. The full report may be viewed at <a href="https://rga.lis.virginia.gov/Published/2017/RD482/PDF">https://rga.lis.virginia.gov/Published/2017/RD482/PDF</a></p>	

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	<p>Mr. Winston reported the Virginia Fire Services Council (VFSC) have held several legislative summit meetings at the VAVRS headquarters in Oilville, VA. The most recent meeting occurred on Friday, Oct. 13. Key fire and EMS stakeholder groups and state agencies are meeting to identify and discuss potential legislation for the 2018 session of the Virginia General Assembly.</p> <p>The group has identified four (4) items for their legislative agenda in 2018.</p> <ol style="list-style-type: none"> <li>1. To pursue (as our primary action) <b>legislative action</b> this coming General Assembly session (CY2018) to move the Statewide Fire Prevention Code from the VA Board of Housing and Community Development/Department of Housing and Community Development to the Virginia Fire Services Board/Department of Fire Programs-State Fire Marshal. <b>Lead organization—Virginia Fire Prevention Association (VFPA)</b></li> <li>2. To continue <b>awareness</b> of the need to seek increases in the Fire Programs Fund (CY2018) and then seek legislative action in CY2019. <b>Lead organization—Virginia State Fire Fighters Association (VSFFA)</b></li> <li>3. To continue <b>awareness</b> of the impacts from cancer on the members of the fire services including preserving existing presumptions, educating about the risks faced by our members etc. (CY2018) and seeking legislation in CY2019. <b>Lead organization Virginia Fire Chief’s Association (VFCA)—supported by Virginia Professional Fire Fighters (VFFF)</b></li> <li>4. EMS Funding. Preserve and protect funding to EMS pursuant to § 46.2-694 of the Code of Virginia for the specific purposes of supporting critical EMS needs in the Commonwealth.</li> </ol> <p>There will also be legislation introduced during the 2018 session of the VA General Assembly to amend §9.1-203.1 and §32.1-111.5:1 relating to mental health awareness training. Training is up to the employer or agency. They can do whatever they want within the guidelines. There</p>	

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	<p>is no responsibility on VDFP or OEMS. Volunteer Fire Departments are exempt. Volunteer EMS and rescue squads asked to be included.</p> <p>Each EMS agency shall develop curricula for mental health awareness training, which shall include training regarding the following:</p> <ol style="list-style-type: none"> <li>1. Understanding signs and symptoms of cumulative stress, depression, anxiety, exposure to acute and chronic trauma, compulsive behaviors, and addiction,</li> <li>2. Combating and overcoming stigmas,</li> <li>3. Responding appropriately to aggressive behaviors such as domestic violence and harassment,</li> <li>4. Assessing available mental health treatment and resources.</li> </ol>	
<b>UNFINISHED BUSINESS</b>	No unfinished business.	
<b>NEW BUSINESS</b>	No new business.	
<b>PUBLIC COMMENT</b>	There is no public comment.	
<b>NEXT MEETING DATE</b>	The next regularly scheduled meeting of the committee will be held on Friday, February 2 at 9AM at the Richmond Marriott Short Pump, 4240 Dominion Boulevard, Glen Allen, Virginia 23060. Remaining meeting date for 2018 are: Friday, May 4, Friday, August 3, and November 7 at Norfolk Marriott Waterside. All meetings are held at 9 AM except the meeting held in November which begins at 10 AM.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 11:05 AM.	Motion made by Gary Samuels, second by Ed Rhodes.